

2020 Income Tax Questionnaire



The below questions pertain to calendar year 2020 unless otherwise noted. Please check the appropriate box and include all necessary details and documentation. These items may affect your tax return. Please answer carefully.

Personal Information

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Did your marital status change during the tax year? If so, please explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did your home address change from last year? Date of move: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Can you be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you (or your spouse or dependents) receive an identity protection PIN from the IRS? If so, please provide IRS letter with PIN information. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you (or your spouse) renew your driver's license since your last tax filing? If so, please provide a copy of your renewed license. | <input type="checkbox"/> | <input type="checkbox"/> |

COVID-19 Information

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Did you receive an Economic Impact Payment (EIP) as reported on Notice 1444? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive a Paycheck Protection Program (PPP) loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to your son or daughter under the age of 18? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another? | <input type="checkbox"/> | <input type="checkbox"/> |

Dependent Information

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Were there any changes in your dependents from the prior tax year? If so, please explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you provide over half the support for any person(s) other than your dependent children during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did all dependents to be claimed live with you, in your home, more than half the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is it possible that another party might claim any of your dependent children? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you pay for child care while you worked, looked for work, or while you were a full-time student? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you pay any expenses related to the adoption of child during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS, or have they been a victim of identity theft? If yes, attach the IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |

Purchases, Sales and Debt Information

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Did you start a new business, purchase rental property or acquire a new or additional interest in a partnership or S corporation during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you sell, exchange, or purchase any assets used in your trade or business? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you sell, exchange, or purchase any real estate during the year? If so, please provide closing statement for the transaction. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you sell an existing business or other property this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you take out a home equity loan this year? | <input type="checkbox"/> | <input type="checkbox"/> |

If so, were the proceeds used to buy, build or substantially improve the home secured by the loan?	<input type="checkbox"/>	<input type="checkbox"/>
• Did you refinance a principal residence or second home this year? If so, please provide closing statement for the refinance.	<input type="checkbox"/>	<input type="checkbox"/>
• Did you have any debts cancelled or reduced (including credit cards and student loans), property repossessed or foreclosed upon, or did you file for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you hold any securities or debts that became worthless during the year?	<input type="checkbox"/>	<input type="checkbox"/>
• Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information	Yes	No
• Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
• Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
• Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
• Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
• Did any of your life insurance policies mature or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
• Did you receive any awards, prizes, hobby income, gambling, or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
• Were you granted stock options by your employer and/or did you exercise employer stock options?	<input type="checkbox"/>	<input type="checkbox"/>
• Did you invest in or conduct transactions in virtual currencies?	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Information	Yes	No
• Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
• Did you make any withdrawals from a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
• If yes, were any withdrawals due to a Federally declared disaster or COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
• If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2020?	<input type="checkbox"/>	<input type="checkbox"/>
• Did you rollover any retirement funds from one account to another?	<input type="checkbox"/>	<input type="checkbox"/>
• Did you make any contributions to a retirement plan other than through your employer?	<input type="checkbox"/>	<input type="checkbox"/>
• If eligible, do you wish to make any additional retirement contributions for 2020?	<input type="checkbox"/>	<input type="checkbox"/>
Education Information	Yes	No
• Did you have any post-secondary educational expenses during the year on behalf of yourself, your spouse or a dependent?	<input type="checkbox"/>	<input type="checkbox"/>
• Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
• If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
• Did you make any withdrawals from an education savings or 529 Plan?	<input type="checkbox"/>	<input type="checkbox"/>
• Did you make any contributions to an education savings or 529 Plan?	<input type="checkbox"/>	<input type="checkbox"/>
• If yes, was it a state-sponsored plan? State _____	<input type="checkbox"/>	<input type="checkbox"/>
• Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
• Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Information	Yes	No
• Did you have qualifying health care coverage, such as employer-sponsored coverage, or government-sponsored coverage for your family for the entire year?	<input type="checkbox"/>	<input type="checkbox"/>
• Did you enroll for Marketplace Coverage through healthcare.gov under the Affordable Care Act? If so, include form(s) 1095-A received.	<input type="checkbox"/>	<input type="checkbox"/>
• Did you make any contributions to or receive distributions from a Health Savings Account (HSA). If yes, please include Forms 1099SA (for distributions) and 5498SA (for contributions)	<input type="checkbox"/>	<input type="checkbox"/>
• Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deduction Information

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization. | <input type="checkbox"/> | <input type="checkbox"/> |
| • If you file with the standard deduction, did you contribute to a qualified charitable organization during 2020? If so, how much \$_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you incur interest expenses associated with any investment accounts you held? | <input type="checkbox"/> | <input type="checkbox"/> |

Foreign Activities

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Did you have any foreign income or pay any foreign taxes during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive a distribution from, or were you the grantor or transferor for a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any foreign financial accounts, foreign financial assets, or hold an interest in a foreign entity? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous Information

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Did you make gifts of more than \$15,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you utilize an area of your home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you pay any individual \$2,100 or more to perform household services during the year, such as babysitter, caretaker, housekeeper, cook or gardener? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you make energy efficient improvements to your main home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you a grade K-12 teacher? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, enter amount of out-of pocket classroom costs you paid_____ | | |
| • Did you receive correspondence from the IRS or State Dept of Revenue? If yes, please include a copy. | <input type="checkbox"/> | <input type="checkbox"/> |

Tax Return Filing and Document Preferences**E-Signature:**

- | | |
|--|--------------------------|
| • I would like to use the e-signature process to verify my identity and sign my tax return. If so, please provide valid email addresses for:
Taxpayer: _____
Spouse: _____ | <input type="checkbox"/> |
|--|--------------------------|

Printing (please choose one):

- | | |
|---|--------------------------|
| • Please print a paper copy of my return for me to retain for my records (we will also provide a PDF copy). | <input type="checkbox"/> |
| • I do not need a paper copy of my return. I will download the provided PDF copy to retain for my records. | <input type="checkbox"/> |

Original Document Delivery (please choose one):

- | | |
|--|--------------------------|
| • I will pick up my original tax documents (and paper copy of tax return if requested above) from your office. | <input type="checkbox"/> |
| • Please mail my original tax documents (and paper copy of tax return if requested above) to my home address. | <input type="checkbox"/> |
| • I have retained copies of all tax documents for my records. Please destroy any paper documents I have provided to your office. | <input type="checkbox"/> |